

Please find attached for filing in connection with application no. 10/065,354, entitled SCANNER HAVING A SELF-COLLECTION LIGHT SOURCESELF-COLLECTION, the following documents:

- * Transmittal Form (1 page)
- * Fee Transmittal (1 page)
- * Statement Under 37 CFR 3.73(b) (1 page)
- * Power of Attorney (1 page)
- * Response to 1st Office Action (14 pages)

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Ilka Dalton
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Berkeley Law & Technology Group, LLC
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Facsimile: 503.439.6558
idalton@bltg-ip.com
www.bltg-ip.com <<http://www.bltg-ip.com/>>

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To: Examiner Cheukfan Lee **From:** Michael J. Willardson

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Phone: **Date:** May 24, 2006

Our Ref: 112.P14217 **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

18

Application Number

10/065,354

Filing Date

10/8/2002

First Named Inventor

Chin-Lin Chang

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Art Unit

2627

CENTRAL FAX CENTER

Examiner Name

Lee, Cheukfan

MAY 24 2006

Attorney Docket Number

112.P14217

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> See Remarks
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

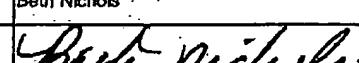
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Statement Under 37 CFR 3.73(b) (1 page)
Power of Attorney (1 page)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Michael J. Willardson, Registration No. 50,856 Berkeley Law and Technology Group
Signature	
Date	5/24/06

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Typed or printed name	Beth Nichols	
Signature		Date
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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

200

Complete If Known

Application Number 10/065,354

Filing Date 10/8/2002

First Named Inventor Chin-Lin Chang

Examiner Name Lee, Cheukfan

Art Unit 2627

Attorney Docket No. 112.P14217

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
18	0	x	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
4	1	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

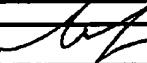
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		50,856	503-439-6500
Name (Print/Type)	Michael J. Williamson	Date	5/24/06

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